ASSISTANT FUNERAL DIRECTOR EXAMINATION APPLICATION

Amount due with this application	: \$50.00				
This application is to be completed	by applicants who are applying	for licensure as an assistant funeral director .			
Assistant Funeral Directo	or Examination Fee	\$50.00			
Payable by the 15th of the month p	rior to the examination.				
(Example: Application and fee must director examination scheduled for	<u>-</u>	der to be eligible to be administered the funeral			
I wish to be administered the exam	ination in the month of				
	sh to be administered the examination in the month of(month)				
**************************************	************	******************			
Name of applicant:	Social Security No.:				
Address:	City:				
County:	State:	Zip:			
Assistant Funeral Director #	currently under the supervision of Kansas licensed				
funeral director	who holds Kansas Funeral Director license #				
I declare under penalty of perjury un	nder the laws of the state of Ka	insas that the foregoing is true and correct.			
Date:	Signature:	************			
K.S.A. 74-139 states that upon requapplicants, their social security num		the board is required to provide a listing of all			

K.A.R. 63-2-26 states that if the applicant fails the assistant funeral director examination, they shall be allowed to take the examination at the next regularly scheduled examination date -- Without submitting a new examination fee. If the applicant fails the second exam or fails to appear for it, then the applicant may make a new application, pay another examination fee, and take the examination.

Kansas State Board of Mortuary Arts 700 SW Jackson St., Suite 904 Topeka, Kansas 66603-3733 Telephone: (785) 296-3980 Email: boma1@ksbma.ks.gov

Web site: http://www.kansas.gov/ksbma/

***** Revised January 1, 2008*****

PLEASE READ CAREFULLY

FAILURE TO COMPLETE WILL RESULT IN THIS APPLICATION NOT BEING PROCESSED

Items one (1) through six (6) listed below are contained in K.S.A. 65-1751, which states that the Kansas State Board of Mortuary Arts may refuse to issue or renew a license, may revoke or suspend a license or may publicly or privately censure a license, upon finding that a licensee or applicant for a license:

- 1. has been convicted of a felony, and the board determines the licensee or applicant for a license has not been sufficiently rehabilitated to warrant the public trust, or has been convicted of any offense involving moral turpitude or has been convicted of criminal desecration:
- 2. has violated any law, ordinance or rule and regulation affecting the handling, custody, care or transportation of dead human bodies:
- 3. has had a license to practice embalming or funeral directing revoked or suspended, has been censored or has had other disciplinary action taken against oneself or has had an application for a license denied by the proper licensing authority of another state, territory, District of Columbia or other country, an attested copy of the record of the action of the other jurisdiction being presumptive evidence thereof;
- 4. has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a professional association or society, a governmental agency, by a law enforcement agency or a court for disciplinary action under this section;
- 5. has had an adverse judgement, award or settlement against the licensee resulting from the practice of funeral directing or embalming which related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section or has failed to report such matter to the board;
- 6. has been found guilty of negligence, incompetence, fraud, misrepresentation or deceit in connection with services rendered as a licensee, and/or

As used in this section "licensee" means an embalmer's license, funeral director's license, assistant

7. if you are aware of any pending charges filed or in the process of being filed against you relating to any of the above situations.

If you are applying for renewal of a license, check this line if any of the above situations have occurred within the past two (2) year licensing period. If you are applying for a license for the first time, or re-applying for a license that expired or lapsed, or are applying for reinstatement of a license, check this line if any of the above situations have ever occurred. If submitting this renewal or application prior to your individual renewal or licensure eligibility date, it remains your responsibility to notify the board should any of the above mentioned situations occur during the time frame in which this document is submitted and up until/including your renewal due date or licensure eligibility date.

		,		
Signature	County	Social Security Number	Date	

I declare under penalty of periury under the laws of the state of Kansas that the foregoing is true and correct.

REMEMBER: To include documentation (including proof of rehabilitation) if you have checked the above line.

K.S.A. 74-139 states that upon request of the director of taxation, the board is required to provide a listing of all applicants, their social security number and address.

Failure to date and sign this document will result with the board being <u>unable</u> to complete processing of this renewal/application.

Amended January 1, 2008